



2018/2019 School Age Vacation Days Registration Form

Child's Name: _____ Parent's Name: _____

Address: _____ Phone Number: _____

Tuition rates are \$45/day. We offer a 10% sibling discount for families with more than one child registered in our program. Payment is due at the time of registration. To cancel a registered day, the office must receive two weeks written notice. Spaces are limited and will be filled on a first come first serve basis. Please fill out the information below.

I would like to enroll my child for the following days:

- | | | |
|-----------------|-----------------|--------------|
| ___ December 26 | ___ February 19 | ___ April 19 |
| ___ December 27 | ___ February 20 | ___ April 22 |
| ___ December 28 | ___ February 21 | ___ April 23 |
| ___ December 31 | ___ February 22 | ___ April 24 |
| | | ___ April 25 |
| | | ___ April 26 |

\$ 45 x _____ = \$ _____
of days Total Amount

Amount paid: \$ _____

Payment and registration forms can be handed in at the office or mailed to:

The Children's Place at the Plaza
P.O. Box 2102 ESP
Albany, NY 12220